

DEPARTMENT OF KINESIOLOGY

APPLICATION FOR COMPREHENSIVE EXAMINATION

Applicant's Name _____ Date of Exam _____
Address: _____ E-Mail: _____ Phone: _____
Major Professor _____ Today's Date _____

Indicate Specialization Areas.

Psycho-Social; Teaching/Admin.; Exercise Science
 Clinical
 Experimental

Section I. Core Course

In this section, list the professor with whom you studied for the required course.

<u>Course</u>	<u>Professor</u>	<u>Date Taken</u>
1. <u>PED 530 Research Methods</u>	_____	_____

Section II. Specialization Area (Required Courses)

List the two required courses within your specialization area that you feel represent areas in which you have the greatest competence. The first course listed must be a required core competency course. Both courses must have been taken at URI.

<u>Course</u>	<u>Professor</u>	<u>Date Taken</u>
1. _____	_____	_____
2. _____	_____	_____

Section III. Specialization Area (Recommended Elective Course)

1. _____

List all other graduate courses taken at URI.

Course

Professor

Date Taken

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signed _____

Major Professor